



# Community Services and Supports (CSS) – Performance Measures – Conceptual Design

---

Mental Health Services Act  
Conference Call

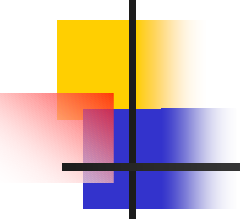
Tuesday April 26, 2005

3:00 PM – 4:00 PM

TOLL FREE CALL IN NUMBER: 1-877-366-0714

NO PASSWORD NEEDED

TTY# 1-800-735-2929



# Performance Measures — Conceptual Design Conference Call AGENDA

- 3:00 Welcome and Purpose of Call – Bobbie Wunsch
- 3:02 Review Agenda and Conference Call Process – Bobbie Wunsch
- 3:05 Review of Preliminary Performance Measurement Design (Slides 3 & 4) – Stephanie Oprendeck, PhD, DMH
- 3:20 Questions and Answers – Bobbie Wunsch and DMH Staff
- 3:35 Mental Health System Accountability Level & Public/Community – Impact Level (Slides 6 & 7) – Stephanie Oprendeck
- 3:45 Questions and Answers – Bobbie Wunsch and DMH Staff
- 3:58 Next Steps and May 4 Meeting – Bobbie Wunsch
- 4:00 Adjourn

# PERFORMANCE MEASUREMENT

**DMH DRAFT**

## PUBLIC / COMMUNITY- IMPACT LEVEL

(Evaluation of Global Impacts and Community-Focused Strategies)

Mental Health  
Promotion  
and  
Awareness

Mental Health  
System  
Structure /  
Capacity in  
Community

Community  
Reaction /  
Evaluation /  
Satisfaction with  
regard to mental  
health system

Large-Scale  
Community  
Indicators

## MENTAL HEALTH SYSTEM ACCOUNTABILITY LEVEL

(Evaluation of Community Integrated Services and Supports – *Program/System-Based Measurement*)

Monitoring /  
Quality  
Assurance /  
Oversight  
(multi-  
stakeholder  
process)

Client / Family  
Satisfaction /  
Evaluation of  
Services and  
Supports

Staff / Provider  
Evaluation /  
Satisfaction  
with regard to  
mental health  
system

## INDIVIDUAL CLIENT LEVEL

(Evaluation of Community Integrated Services and Supports – *Individual Client Tracking*)

Client and  
Services  
Tracking

Individual  
Client  
Outcomes  
Tracking

# DMH DRAFT PERFORMANCE MEASUREMENT

## INDIVIDUAL CLIENT LEVEL

(Evaluation of Community Integrated Services and Supports – *Individual Client Tracking*)

### **Client and Services Tracking (Examples)**

- Client-specific information, e.g., contact, demographic information, reason for system disengagement, etc.
- Services / supports information, e.g., new services/programs/supports pertinent to the MHSA, evidence-based practices, levels of care, partnering agency/provider services, etc.

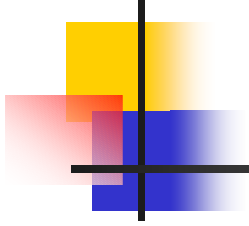
*(Client and services/supports data capture is envisioned to be achieved through interoperable information systems residing at both the state and local levels. A phased-in approach will be used to achieve this long-term goal of full interoperability.)*

### **Individual Client Outcomes Tracking (Examples)**

- Initial and periodic bio/psycho/social assessments
- Ongoing assessments of core outcomes. The following are examples:

Recovery & Resilience Oriented Client Outcome Indicators : (These are examples; indicators and measures to be determined through stakeholder and committee recommendations.)	Housing	Functioning
	Criminal justice system involvement	Substance Abuse
	Employment / Education	Quality of Life
	Hospitalization (acute//long term restrictive levels of care)	Illness self-management
Hopefulness	Income / Entitlements	Social / community connectedness
Wellness	Family preservation	Individual service plan goals
Empowerment	Symptoms / Suffering	Physical health
Self-efficacy, etc.	Suicide	Etc.

*(State and local information systems interoperability, based on statewide standards, will be the mechanism by which this client outcome information is captured. DMH will work with counties/providers to provide flexible system options with regard to measurement of outcome indicators.)*



# Questions and Answers

# DMH DRAFT **PERFORMANCE MEASUREMENT**

## **MENTAL HEALTH SYSTEM ACCOUNTABILITY LEVEL**

(Evaluation of Community Integrated Services and Supports – *Program/System-Based Measurement*)

### **Monitoring / Quality Assurance / Oversight** *(multi-stakeholder process)* ***(Examples)***

Local / county plans and performance with respect to:

- Cultural competency / no disparities
- Recovery / Resilience philosophy and promotion
- Full participation of clients / family members in service delivery system processes
- Fidelity to evidence-based practice guidelines or model programs
- Adherence to budget / timelines
- Staff / provider competencies
- Adherence to appropriate client-to-staff ratios
- Quality (performance) improvement projects
- Service partnerships - Comprehensive / inter-agency / coordinated service delivery
- Supportive services (e.g., housing, employment, peer-delivered supportive services)
- Coordinated services for co-occurring disorders
- Costs, cost-effectiveness of services
- Etc.

*(Measured with standardized review criteria, monitoring tools, electronic data entry / reporting interfaces, etc.  
Cost information to be associated with client, service, and outcomes tracking information to determine costs per client, cost-effectiveness and cost-benefit analyses of programs, etc.)*

### **Client / Family Satisfaction / Evaluation of Services and Supports** ***(Examples)***

- Mental Health Statistics Improvement Program (MHSIP) indicators and surveys
- Surveys / assessments targeting specific services / supports appraisal by clients / families / caregivers
- Focus groups / multiple means of eliciting client / family / caregiver input
- Etc.

### **Staff / Provider Evaluation / Satisfaction with regard to mental health system** ***(Examples)***

- Perceived effectiveness of the structure of system, inter-agency issues, effectiveness of service models, etc.
- Interviews / surveys/ focus groups
- Etc.

# DMH DRAFT **PERFORMANCE MEASUREMENT**

## **PUBLIC / COMMUNITY- IMPACT LEVEL**

(Evaluation of Global Impacts and Community-Focused Strategies)

### **Mental Health Promotion and Awareness (Examples)**

- Outreach services (e.g., homeless, rural communities, Tele-health, etc.)
- Community Emergency Response Team Services
- Community Mental Health / Depression Screenings
- Educational Seminars (e.g., general public, primary care settings, schools, etc.)
- Anti-Stigma and Anti-Discrimination Campaigns
- Prevention and Early Intervention Efforts
- Workforce Recruitment and Development (e.g., university, licensing board collaborations, continuing education)
- Community Support Groups
- Media, public awareness announcements, (e.g., Recovery & Resiliency)
- Access and educational enhancements (e.g., Network of Care website, promotion of recovery philosophy)
- Etc

*(Typically measured by counts of individuals reached, screened, informed, etc.)*

### **Mental Health System Structure / Capacity in Community (Examples)**

- Inventory of available services & supports
- Location of services, including inter-agency, outreach, mobile, natural setting, etc (e.g., GIS mapping)
- Etc.

### **Community Reaction / Evaluation / Satisfaction with regard to mental health system (Examples)**

- Media reviews
- Interviews with public officials
- Assessment of community members
- Etc.

### **Large-Scale Community Indicators (Examples)**

- Population prevalence of mental illness
- Community mental health need / unmet need
- Percents of youth in juvenile justice or Level 12-14 group home placements
- Etc.



---

# Questions and Answers